EXHIBIT 8a

NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

FOLLOW-UP NOTICE OF AUDIT OF CLAIM

DATE OF NOTICE: AUGUST 30, 2017

RESPONSE DATE: SEPTEMBER 29, 2017

I. SETTLEMENT CLASS MEMBER INFORMATION

Settlement Program ID	260006736		
Name	First [redacted]	M.I. [redacted]	Last [redacted]
Settlement Class Member Type	Retired NFL Football Player		
Primary Counsel	Lieff Cabraser Heimann & Bernstein LLP		

II. EXPLANATION AND REQUEST FOR INFORMATION

This Notice is an official communication from the Claims Administrator for the NFL Concussion Settlement Program. On 8/21/17, we sent you a Notice of Audit of Claim telling you that your claim was selected for audit under Section 10.3 of the Settlement Agreement.

We have identified additional information and/or records that we need. Please provide the requested information and/or records so that we can complete the audit and continue processing your claim. We can help if you have questions.

	What is Needed	Explanation
1.	Complete and submit to the Program the attached Health Care Provider History Form.	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need a list of all health care providers seen by you in the last five years, so that we can verify your claim.
2.	Complete and submit to the Program the attached HIPAA Authorization Form for Disclosure of Protected Health Information. You should leave the Medical Provider Information section of the Form blank. We will complete this section of the Form when we obtain any necessary medical records.	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need this Authorization Form so that we can obtain your medical records directly from a health care provider.
3.	Complete and submit to the Program the attached Employment History Form.	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need a list of all your employers in the last five years, so that we can verify your claim.

Please provide the information and/or records identified in Section II of this Notice by the Response Date stated at the top of this Notice. **If you unreasonably fail or refuse to provide us with all records and information identified in Section II of this Notice, we will deny your claim under Section 10.3(b)(ii) of the Settlement Agreement without right to an appeal.** Submit your information using one of these methods:

By Mail: (must be postmarked on or before the deadline date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery: (must be placed with the carrier on or before the deadline date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

If you would like to receive and submit forms like this one electronically online rather than on paper, go to www.NFLConcussionSettlement.com/Login.aspx, click the Create New User button and follow the instructions there to establish a secure online portal account with us.

IV. How to Contact Us with Questions or for Help

If you are represented by a lawyer, consult with your lawyer if you have questions or need assistance. If you are unrepresented and have any questions about this Notice or need help, contact us at 1-855-887-3485 or send an email to ClaimsAdministrator@NFLConcussionSettlement.com. If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at www.NFLConcussionSettlement.com to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.

NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

HEALTH CARE PROVIDER HISTORY FORM

I. RETIRED NFL FOOTBALL PLAYER INFORMATION

Settlement Program ID	260006736			
Player Name	First: [redacted]	M.I.: [redacted]	Last: [redacted]	Suffix:

II. HEALTH CARE PROVIDERS

Provide the following information for all health care providers seen by the Retired NFL Football Player in the last five years. If you need more space, attach supplemental pages.

1.	**Name:**	Michael A. Lobatz, MD, APC			
	Specialty:	Neurology			
	Address:	Street: 6010 Hidden Valley Rd., Suite 200			
		City: Carlsbad	State: CA	Zip Code: 92011	Phone: 760-631-3000
2.	**Name:**	Francis Conidi, MD			
	Specialty:	Neurology			
	Address:	Street: 10377 S. US Highway 1, Suite 104			
		City: Port St. Lucie	State: FL	Zip Code: 64952	Phone: 772-337-7272
3.	**Name:**	Lawrence V. Tucker, MD, PLLC			
	Specialty:	Psychiatry			
	Address:	Street: 4000 MacArthur Blvd., Suite 600 East Tower			
		City: Newport Beach	State: CA	Zip Code: 92660	Phone: 949-257-4217
4.	**Name:**	David J. Chao, MD			
	Specialty:	Orthopedic Surgery, Sports Medicine			
	Address:	Street: 8901 Activity Road			
		City: San Diego	State: CA	Zip Code: 92126	Phone: 844-627-4763

HEALTH CARE PROVIDER HISTORY FORM

5.	Name:	James J. Chao, MD			
	Specialty:	Plastic Surgery			
	Address:	Street: 8901 Activity Rd.			
		City: San Diego	State: CA	Zip Code: 92126	Phone: 844-627-4763
6.	Name:	Ezekiel Fink, MD, QME			
	Specialty:	Neurology			
	Address:	Street: 416 Bedford Dr.			
		City: Beverly Hills	State: CA	Zip Code: 90210	Phone: 310-246-0702
7.	Name:	Laura Hopper, PhD			
	Specialty:	Clinical Psychology			
	Address:	Street: 2892 Jefferson St.			
		City: Carlsbad	State: CA	Zip Code: 92008	Phone: 818-359-1009
8.	Name:	SEE ATTACHMENT FOR ADDITIONAL PROVIDERS			
	Specialty:				
	Address:	Street:			
		City:	State:	Zip Code:	Phone:

III. HOW TO SUBMIT THIS FORM

Submit this Form using one of these methods:

By Mail: (must be postmarked on or before the deadline date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery: (must be placed with the carrier on or before the deadline date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

[redacted] – Additional Healthcare Providers

David Lowenberg, M.D.
Orthopedic Surgery
450 Broadway St., Pavilion A
Redwood City, CA 94063
Office: 650-498-7555

Rachit Patel, M.D.
Psychiatry & Neurology
6010 Hidden Valley Rd., Ste. 200
Carlsbad, CA 92011
Office:760-631-3000

Andrew Jarminski, M.D.
Orthopedic Surgery
9161 Sierra Ave., Ste. 200B
Fontana, CA 92335
Office: 909-854-4900

Benjamin Domb, M.D.
Orthopedic Surgery
1010 Executive Court, Ste. 250
Westmount, IL 60559
Office: 620-920-2323

David J Seitz, MD
Psychiatry
12520 High Bluff Dr. #135
San Diego, CA 92130
Office: (858) 523-1040

Venus Paxton, MD
Sharp Mesa Vista Hospital
7850 Vista Hill Ave
San Diego, CA 92123
Office: 755-3090

Robert E. Scott Jr., M.D.
Sports & Pain Medicine
9834 Genessee Ave., Ste. 223B
San Diego, CA 92037
Office: 858-277-7123

NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

AUDIT PROCESS HIPAA AUTHORIZATION FORM

This Form authorizes the disclosure of "Protected Health Information" as that term is defined in 45 C.F.R. § 160.103. Protected Health Information includes, but is not limited to, information regarding the Retired NFL Football Player's medical care, treatment, physical or mental condition, and medical expenses. By signing and submitting this Form, I authorize the Medical Provider(s) identified in Section I to release all Protected Health Information regarding my (or the Retired NFL Football Player's, if signed by a Representative Claimant) medical care, treatment, physical and mental condition, and medical expenses, to BrownGreer PLC (250 Rocketts Way Richmond, VA 23231), the Claims Administrator in the *In re: National Football League Players' Concussion Injury Litigation* Settlement Program. These records will be used or disclosed solely in connection with the NFL Concussion Settlement Program involving the Retired NFL Football Player named in Section II.

I. MEDICAL PROVIDER INFORMATION

Provider Name	Michael A. Lobatz, MD, APC		
Provider Address	Street: 6010 Hidden Valley Rd.		Suite/Unit: 200
	City: Carlsbad	State: CA	Zip: 92011

II. RETIRED NFL FOOTBALL PLAYER

Enter the Retired NFL Football Player's information in this Section II.

Settlement Program ID	260006736			
Player Name	First: [redacted]	M.I.: [redacted]	Last: [redacted]	Suffix:
Social Security Number, Taxpayer ID or Foreign ID Number (if Retired NFL Football Player is not a U.S. Citizen) **of Retired NFL Football Player** (if known)	[redacted] or			
Date of Birth of Retired NFL Football Player	[redacted]			

AUDIT PROCESS HIPAA AUTHORIZATION FORM

III. AUTHORIZATION

By signing below, I acknowledge and understand all of the following:

1.	I have the right to revoke this authorization at any time. If I wish to revoke the authorization, I must do so in writing and must provide my written revocation to the Claims Administrator. The written revocation must be signed and dated. The revocation will not apply to any disclosures that already have been made in reliance on this authorization prior to the date upon which the Claims Administrator receives my written revocation.
2.	My authorization of the disclosure of the subject Retired NFL Football Player's Protected Health Information is voluntary, which means I can refuse to sign this Form. I do not need to sign this Form to obtain health treatment from any medical provider or to enroll in or be eligible for any health plan benefits. However, I recognize that if I do not sign this Form and submit it to the Claims Administrator, my claim(s) may be denied under the terms of the Settlement Agreement.
3.	Any Protected Health Information or other information released to the Claims Administrator may be disclosed to the Special Master, BAP Administrator, Appeals Advisory Panel members, Appeals Advisory Panel Consultants, the Court, Class Counsel, Counsel for the NFL Parties, and the NFL Parties (including the NFL Parties' insurers or reinsurers), may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose your information only in accordance with this Form, the Settlement Agreement, a contract executed pursuant to the Settlement Agreement, orders of the Court, and/or applicable law.
4.	My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome ("AIDS"), or human immunodeficiency virus ("HIV"), behavioral or mental health services and treatment for alcohol and drug abuse.
5.	This Form is valid from the date of my signature in Section IV until the date that the Claims Administrator performs the last act to process the claim for a Monetary Award that I submitted with this Form.
6.	I have a right to receive and retain a copy of this Form.
7.	Any photostatic copy of this Form shall have the same authority as the original, and may be substituted in its place.

IV. SIGNATURE

The Retired NFL Football Player or Representative Claimant of the Retired NFL Football Player named in Section II must sign and date this Form below. **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this HIPAA Authorization Form is true and correct to the best of my knowledge, information and belief.**

Signature	[redacted]	**Date**	09/04/2017 (Month/Day/Year)
Printed Name	First [redacted]	Last [redacted]	Suffix

NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

AUDIT PROCESS HIPAA AUTHORIZATION FORM

This Form authorizes the disclosure of "Protected Health Information" as that term is defined in 45 C.F.R. § 160.103. Protected Health Information includes, but is not limited to, information regarding the Retired NFL Football Player's medical care, treatment, physical or mental condition, and medical expenses. By signing and submitting this Form, I authorize the Medical Provider(s) identified in Section I to release all Protected Health Information regarding my (or the Retired NFL Football Player's, if signed by a Representative Claimant) medical care, treatment, physical and mental condition, and medical expenses, to BrownGreer PLC (250 Rocketts Way Richmond, VA 23231), the Claims Administrator in the *In re: National Football League Players' Concussion Injury Litigation* Settlement Program. These records will be used or disclosed solely in connection with the NFL Concussion Settlement Program involving the Retired NFL Football Player named in Section II.

I. MEDICAL PROVIDER INFORMATION

Provider Name	Francis Conidi, MD		
Provider Address	Street: 10377 S. US Highway 1		Suite/Unit: 104
	City: Port St. Lucie	State: FL	Zip: 64952

II. RETIRED NFL FOOTBALL PLAYER

Enter the Retired NFL Football Player's information in this Section II.

Settlement Program ID	260006736			
Player Name	First: [redacted]	M.I.: [redacted]	Last: [redacted]	Suffix:
Social Security Number, Taxpayer ID or Foreign ID Number (if Retired NFL Football Player is not a U.S. Citizen) **of Retired NFL Football Player** (if known)	[redacted] or			
Date of Birth of Retired NFL Football Player	[redacted]			

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2.	My authorization of the disclosure of the subject Retired NFL Football Player's Protected Health Information is voluntary, which means I can refuse to sign this Form. I do not need to sign this Form to obtain health treatment from any medical provider or to enroll in or be eligible for any health plan benefits. However, I recognize that if I do not sign this Form and submit it to the Claims Administrator, my claim(s) may be denied under the terms of the Settlement Agreement.
3.	Any Protected Health Information or other information released to the Claims Administrator may be disclosed to the Special Master, BAP Administrator, Appeals Advisory Panel members, Appeals Advisory Panel Consultants, the Court, Class Counsel, Counsel for the NFL Parties, and the NFL Parties (including the NFL Parties' insurers or reinsurers), may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose your information only in accordance with this Form, the Settlement Agreement, a contract executed pursuant to the Settlement Agreement, orders of the Court, and/or applicable law.
4.	My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome ("AIDS"), or human immunodeficiency virus ("HIV"), behavioral or mental health services and treatment for alcohol and drug abuse.
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Signature	[redacted]	**Date**	09/04/2017 (Month/Day/Year)
Printed Name	First [redacted]	Last [redacted]	Suffix

NFL CONCUSSION SETTLEMENT

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I. MEDICAL PROVIDER INFORMATION

Provider Name	Lawrence V. Tucker, MD, PLLC		
Provider Address	Street: 4000 MacArthur Blvd., East Tower		Suite/Unit: 600
	City: Newport Beach	State: CA	Zip: 92660

II. RETIRED NFL FOOTBALL PLAYER

Enter the Retired NFL Football Player's information in this Section II.

Settlement Program ID	260006736			
Player Name	First: [redacted]	M.I.: C	Last: [redacted]	Suffix:
Social Security Number, Taxpayer ID or Foreign ID Number (if Retired NFL Football Player is not a U.S. Citizen) **of Retired NFL Football Player** (if known)	[redacted] or [redacted]			
Date of Birth of Retired NFL Football Player	[redacted]			

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3.	Any Protected Health Information or other information released to the Claims Administrator may be disclosed to the Special Master, BAP Administrator, Appeals Advisory Panel members, Appeals Advisory Panel Consultants, the Court, Class Counsel, Counsel for the NFL Parties, and the NFL Parties (including the NFL Parties' insurers or reinsurers), may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose your information only in accordance with this Form, the Settlement Agreement, a contract executed pursuant to the Settlement Agreement, orders of the Court, and/or applicable law.
4.	My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome ("AIDS"), or human immunodeficiency virus ("HIV"), behavioral or mental health services and treatment for alcohol and drug abuse.
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Signature	[redacted]	**Date**	09/04/2017 (Month/Day/Year)
Printed Name	First [redacted]	M [redacted]	Last [redacted] Suffix

NFL CONCUSSION SETTLEMENT

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No. 2:12-md-02323 (E.D. Pa.)

AUDIT PROCESS HIPAA AUTHORIZATION FORM

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I. MEDICAL PROVIDER INFORMATION

Provider Name	David J. Chao, MD		
Provider Address	Street: 8901 Activity Rd.		Suite/Unit:
	City: San Diego	State: CA	Zip: 92126

II. RETIRED NFL FOOTBALL PLAYER

Enter the Retired NFL Football Player's information in this Section II.

Settlement Program ID	260006736			
Player Name	First: [redacted]	M.I.: [redacted]	Last: [redacted]	Suffix:
Social Security Number, Taxpayer ID or Foreign ID Number (if Retired NFL Football Player is not a U.S. Citizen) **of Retired NFL Football Player** (if known)	[redacted] or			
Date of Birth of Retired NFL Football Player	[redacted]			

AUDIT PROCESS HIPAA AUTHORIZATION FORM

III. AUTHORIZATION

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Signature	[redacted]	**Date**	09/04/2017 (Month/Day/Year)
Printed Name	First [redacted]	Last [redacted]	Suffix

AUDIT PROCESS HIPAA AUTHORIZATION FORM

V. HOW TO SUBMIT THIS FORM

Submit this Form using one of these methods:

By Mail: (must be postmarked on or before the deadline date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery: (must be placed with the carrier on or before the deadline date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231